



# Consumer Care Affidavit Company Payee

Please complete one affidavit per money order.

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address) (City, State, Zip) (Phone)

Being duly sworn does depose and say that \_\_\_\_\_  
(Company Name)

never received payment of money order number \_\_\_\_\_ in the amount of \_\_\_\_\_

due to it being: stolen lost damaged on the approximate date of \_\_\_\_\_.

Therefore, \_\_\_\_\_ is requesting a refund for said money order.  
(Company Name)

By and in consideration of Fidelity Express refunding the face amount less a nonrefundable \$20.00 stop-pay processing

fee, subject to change without prior notice, of the above money order number \_\_\_\_\_

authorized Fidelity Express to stop payment on the money order and agrees to reimburse Fidelity Express for this refund, and shall indemnify and hold Fidelity Express harmless from all loss, claim, cost, damage or expense, including reasonable attorney's fees and court costs, in any action, suit or claim of any character, type or description by any party resulting from, connected with, due to, arising out of, or in any way attributed to, directly or indirectly the refund to

\_\_\_\_\_  
(Company Name)

by reason of any alleged loss of an identified money order, or by reason of negotiation of any identified money order.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

### Submit signed form to:

Mail:  
Fidelity Express  
PO Box 768  
Sulphur Springs, Texas 75483

Email: [consumercare@fidelityexpress.com](mailto:consumercare@fidelityexpress.com)  
Fax: 855-262-4808